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CONFIRMATION NO. 9210

SERIAL NUMBER 09/775,336	FILING OR 371(c) DATE 02/01/2001 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 101
APPLICANTS Swinton B. Burkhalter, Atlanta, GA; Frank M. Sexton, Atlanta, GA;				
** CONTINUING DATA ***** <i>Note</i>				
** FOREIGN APPLICATIONS ***** <i>None</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 03/09/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met	STATE OR COUNTRY GA	SHEETS DRAWING 2	TOTAL CLAIMS 16
Verified and Acknowledged <i>Shulek B. Burkhalter</i> Examiner's Signature	Initials <i>SB</i>	INDEPENDENT CLAIMS 3		
ADDRESS Joseph H. Golant 77 West Wacker Drive, Suite 3500 Chicago, IL60601-1692				
TITLE Insurance system and method with disproportional allocation				
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		